

**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

This report is mandatory under P.L. 89-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 6900	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name ERNEST C STEPHENS P.O. Box, Bldg., Room No., if any Street 1233 GOVERNMENT STREET City BATON ROUGE State Louisiana ZIP Code + 4 70802	4. Name, file number, and address of labor organization. Name CONSTRUCTION & GENREAL LABORERS Labor Organization File Number 042019 P.O. Box, Building and Room Number, if any Street 1233 GOVERNMENT STREET City BATON ROUGE State Louisiana ZIP Code + 4 70802
5. Position in labor organization. BUSINESS MANAGER/SECRETARY-TREAS.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ernest C. Stephens

On

08/12/2005
Date

225-383-2464

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ERNEST C. STEPHENS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1233 GOVERNMENT STREET

City BATON ROUGE

State Louisiana ZIP Code + 4 70802

9. Business deals with:

- ☒ a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SOUTH CENTRAL LABORERS TRAINING & APPRENTICE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 375

Street

City LIVONIA

State Louisiana ZIP Code + 4 70755

11.a. Nature of such dealing.

JANUARY 2004 BOARD MEETING \$49.26 (MEAL), APRIL 2004 BOARD MEETING \$47.44 (MEAL), APRIL 2004 MEAL \$29.51 (CRAWFISH BOIL), 12/15/04 AIRLINE TICKET FOR TRUST MEETING \$205.00, 11/15/04 GIFT BASKET \$42.00, 8/9/04 MEAL TRUST MEETING \$51.00, 11/18/04 MEAL \$31.00

11.b. Approximate dollar value of such dealing.

\$455

12.a. Nature of interest held or income received.**12.b. Amount.**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.